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**FACSIMILE TRANSMITTAL SHEET**

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**TO:** COMMISSIONER FOR PATENTS  
ATTN: EXAMINER ROBERT  
KUNEMUND

**From:** DAVID WEITZ, REG. NO. 38,362

**FAX NUMBER:** (703) 872-9306

**DATE:** OCTOBER 13, 2003

**COMPANY:** U.S. PATENT AND TRADEMARK  
OFFICE

**TOTAL NO. OF PAGES INCLUDING COVER:**  
20

**PHONE NUMBER:**

**SENDER'S PHONE NUMBER:**

(858) 731-3508

**RE: U.S. APPLICATION SERIAL NO.**  
10/060,861 -- AMENDMENT

**SENDER'S FAX NUMBER:**

(858) 550-0992

URGENT    FOR REVIEW    PLEASE COMMENT    PLEASE REPLY    PLEASE RECYCLE

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**NOTES/COMMENTS:**

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PTO/SB/21 (01-03)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

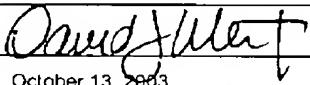
		Application Number	1D/060,861
		Filing Date	January 29, 2002
		First Named Inventor	David, Peter
		Art Unit	1765
		Examiner Name	Robert M. Kunemund
Total Number of Pages in This Submission	19	Attorney Docket Number	SYRTECH-5002-C7

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	PTO-1449 Form
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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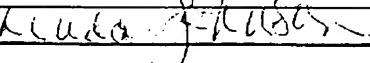
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual	David J. Weitz, Reg. No. 38,362 Syrrx, Inc.		
Signature			
Date	October 13, 2003		

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is being sent to the Commissioner for Patents via facsimile transmission to (703) 872-9306 on the date listed below:

October 13, 2003

Type or printed	Linca Johnson		
Signature		Date	October 13, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$1 235.00)

## Complete if Known

Application Number	10/060,861
Filing Date	January 29, 2002
First Named Inventor	David
Examiner Name	Robert M. Kunemund
Art Unit	1765
Attorney Docket No.	SYRTECH-5002-C7

## METHOD OF PAYMENT (check all that apply)

 Check    Credit card    Money Order    Other    None
 Deposit Account

Deposit Account Number	50-2256
Deposit Account Name	Symx, Inc.

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below    Creditary overpayments  
 Charge any additional fee(s) during the pendency of this application  
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In the above identified deposit account

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)					\$ 55.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	Extra Claims	Fee from below	Fee Paid		
Independent Claims	- 20** =	X	=		
Multiple Dependent	- 3** =	X	=		
SUBTOTAL (2) (\$)					
Other fee (specify)					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$ 235.00)					

## SUBMITTED BY

Complete if applicable

Name (Print/Type)	David J. Weitz	Registration No. (Attorney/Agent)	38,362	Telephone	(858) 622-8528
Signature	David J. Weitz			Date	October 13, 2003

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